

# **Exhibit A**



members or I calculate the withdrawal liability due and notify the employer of the assessment in accordance with Section 4219(b)(1) or ERISA, §1399(b)(1).

3. The Pension Fund is a multiemployer pension plan within the meaning of 29 U.S.C. §§1002(37) and 1301(a)(3), and an employee benefit plan within the meaning of 29 U.S.C. §1002(3).

4. The Pension Fund is administered at its principal place of business in Rosemont, Illinois.

5. Plaintiff Howard McDougall, Trustee, is a present trustee of the Pension Fund and is a plan sponsor of the Pension Fund within the meaning of 29 U.S.C. §1301(a)(10)(A).

6. Pursuant to sections 502(a)(3) and 4301(a)(1) of ERISA, 29 U.S.C. §§1132(a)(3) and 1451(a)(1), the Trustees, by and through their designated trustee, Howard McDougall, are authorized to bring this action on behalf of the Pension Fund, its participants and beneficiaries for the purpose of collecting withdrawal liability.

7. The files maintained for every employer who has withdrawn from participation in the Pension Fund, including the file for Industrial Roofing Company, an Ohio corporation ("Industrial Roofing"), are under my dominion and control.

8. Industrial Roofing has at all times relevant been bound by a collective bargaining agreement under which it was required to make contributions to the Pension Fund on behalf of certain of its employees.

9. Industrial Roofing and D.A.S. of Youngstown, L.L.C. ("DAS") and all trades or businesses under common control with them (the "Industrial Controlled Group")

constitute a single employer within the meaning of Section 4001(b)(1) of ERISA, 29 U.S.C. §1301(b)(1), and the regulations promulgated thereunder.

10. The Industrial Controlled Group is the employer for the purposes of the determination and assessment of withdrawal liability under Title IV of ERISA.

11. On or about October 29, 2006, Industrial Roofing ceased all covered operations under the Pension Fund, and/or permanently ceased to have an obligation to contribute to the Pension Fund, and thereafter, no member of the Industrial Controlled Group was contributing or obligated to contribute to the Pension Fund.

12. Therefore, the Industrial Controlled Group effected a "complete withdrawal" from the Pension Fund within the meaning of Section 4203 of ERISA, 29 U.S.C. §1383.

13. As a result of this complete withdrawal, the Industrial Controlled Group incurred withdrawal liability to the Pension Fund in the amount of \$29,204.99 as determined by 29 U.S.C. § 1381(b).

14. On June 22, 2007, the Pension Fund sent Industrial Roofing a Statement of Business Affairs ("SOBA") for completion.

15. On August 10, 2007, the Pension Fund received the SOBA, completed by Douglas A. Slagle on behalf of Industrial Roofing. A true and correct copy of the completed SOBA is attached hereto as Exhibit 1 as is maintained in the Pension Fund's files in the ordinary and usual course of its business.

16. On or about August 20, 2007, the Industrial Controlled Group, through Industrial Roofing, received a notice and demand for payment of withdrawal liability issued by the Pension Fund in accordance with Sections 4202(2) and 4219(b)(1) of ERISA, 29 U.S.C. § 1382(2) and 1399(b)(1). A true and correct copy of the Notice and Demand is

attached hereto as Exhibit 2 as is maintained in the Pension Fund's files in the ordinary and usual course of its business. A true and correct copy of the UPS Delivery confirmation is attached hereto as Exhibit 3.

17. The notice and attached invoice notified the Industrial Controlled Group that pursuant to Section 4219(c)(5)(B) of ERISA, 29 U.S.C. §1399(c)(5)(B), payment of the entire \$29,204.99 was due immediately.

18. No member of the Industrial Controlled Group timely requested review with respect to the Pension Fund's withdrawal liability determination pursuant to section 4219(b)(2)(A) of ERISA, 29 U.S.C. §1399(b)(2)(A).

19. No member of the Industrial Controlled Group timely initiated arbitration with respect to the Pension Fund's withdrawal liability determination pursuant to Section 4221(a)(1) of ERISA, 29 U.S.C. § 1401(a)(1).

20. The Industrial Controlled Group has failed to pay its withdrawal liability assessment and is in default within the meaning of Section 4219(c)(5) of ERISA, 29 U.S.C. §1399(c)(5).

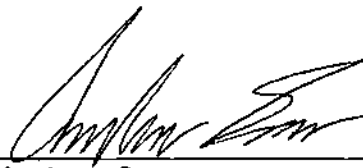
21. Pursuant to 29 U.S.C. § 1132(g)(2), interest is computed and charged at the rate set by the Pension Plan, which computes and charges interest at an annualized interest rate equal to two percent (2%) plus the prime interest rate established by the Chase Manhattan Bank (New York, New York) for the fifteenth (15<sup>th</sup>) day of the month for which interest is charged.

22. Pursuant to 29 U.S.C. §1132(g)(2), Plaintiffs are entitled to the greater of interest on the delinquent withdrawal liability or liquidated damages of up to 20% of the

delinquent withdrawal liability under the Pension Plan, which provides for liquidated damages in the amount of 20% of the unpaid withdrawal liability payments.

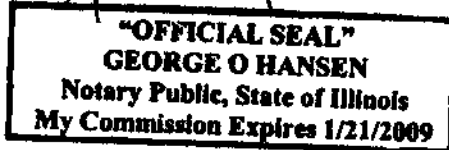
23. Pursuant to the terms of the Pension Plan, Plaintiffs are entitled to post-judgment interest on the entire judgment balance at an annualized interest rate equal to two percent (2%) plus the prime interest rate established by Chase Manhattan Bank (New York, New York) for the fifteenth (15<sup>th</sup>) day of the month for which interest is charged and shall be compounded annually.

**FURTHER AFFIANT SAYETH NAUGHT**

  
\_\_\_\_\_  
Andrew Sprau

Subscribed and sworn to before me,  
a Notary Public of the State of Illinois,  
this 13<sup>th</sup> day of June, 2008.

  
\_\_\_\_\_  
Notary Public



# **Exhibit 1**

STATEMENT OF BUSINESS AFFAIRS  
Reporting Business Form

RE: INVESTIGATION OF POTENTIAL COMPLETE OR PARTIAL WITHDRAWAL  
BILLING NAME: Industrial Roofing Company, Inc.  
ACCOUNT NO.: 3993910-0109-00377-A  
CONTROL GROUP NO.: 3993910

COMPLETION OF THIS STATEMENT OF BUSINESS AFFAIRS IS REQUIRED BY LAW

Section 4219(a) of ERISA {29 USC 1399(a)} provides that an employer SHALL FURNISH the information requested in this statement. Failure to furnish this information within 30 days will subject the employer to penalties authorized by federal law.

\* \* \* \* \*

INSTRUCTIONS

The RESPONDENT is the entity to whom the letter which accompanied this Statement of Business Affairs is addressed.

The REPORTING BUSINESS is the entity which reports/reported employee work history to the Fund under the above account number.

If the Respondent is a partnership or corporation, the questions shall be deemed to be addressed to, and shall be answered on behalf of, the partnership or corporation.

Each question should be answered by a responsible individual (e.g.; partner, principal, trustee, officer, etc.) of the Respondent who is authorized to answer such question. These questions shall be deemed continuing so as to require supplemental responses when and if you obtain further information subsequent to the return of this Statement of Business Affairs.

The failure to answer any question must be explained. If the correct answer is "Not Applicable" or "None," so indicate.

Your answer to each question should be correct and complete. Attach copies of documentary evidence in support of your responses. After due diligence in securing correct and complete answers, this Statement of Business Affairs shall be verified by the responsible individual who is authorized to answer such questions.

Return the completed Statement of Business Affairs with supporting documentary evidence to the Fund at the following address:

Central States, Southeast and Southwest Areas Pension Fund  
Withdrawal Liability Department  
P. O. Box 5108  
Des Plaines, IL 60017

**RECEIVED**  
AUG 10 2007  
CONTRACT  
DEPARTMENT

**Exhibit 1**

1/1 3993910



Attach continuation sheets as needed to complete your responses. Please identify each continuation sheet as follows:

Attachment to Statement of Business Affairs  
(identify Respondent)  
(identify question(s) being answered)  
(identify date of completion)

A. IDENTIFICATION OF RESPONDENT.

1. What is the Respondent's full name and address?

Name: Douglas Allen Slagle

Address: 31 West Hylde Ave

Youngstown Ohio 44507

2. List any assumed names used by Respondent.

3. What is Respondent's IRS Employer Identification Number?

34-0683972

4. What is the relationship between Respondent and Reporting Business?

president

5. What type of business is the Respondent? Check one.

- ☐ Sole Proprietorship  
☐ Partnership  
☐ Limited Partnership  
☐ Business Trust  
☐ Governmental Unit  
☐ Association  
☒ Corporation  
☐ "S" Corporation  
☐ Limited Liability Corporation  
☐ Other - Please explain.

6. If Respondent is a sole proprietorship, partnership or limited partnership, list the names and addresses of all of the principals of Respondent.

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If Respondent is a business trust, identify the names and addresses of the trustees for beneficiaries of Respondent.

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If Respondent is a corporation, an "S" corporation or a limited liability corporation, complete the following items.

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

State Corporate Identification Number: \_\_\_\_\_

Identify all persons or entities who own or control 5% or more of the voting and/or non-voting shares of stock.

Shareholder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shares Owned/Controlled:	Number	%
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Voting	_____	_____
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Non-Voting	_____	_____
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Shareholder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shares Owned/Controlled:	Number	%
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Voting	_____	_____
--------	-------	-------

Non-Voting	_____	_____
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Shareholder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shares Owned/Controlled:	Number	%
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Voting	_____	_____
--------	-------	-------

Non-Voting	_____	_____
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**Exhibit 1**

9. Identify all other entities in which Respondent ever held an ownership interest, describe the interest and identify the time period during which Respondent held such interest.

Entity's Name: D.A.S. of Youngstown L.L.C.

Address: 4453 Canfield Road

Canfield ~~HXX~~ Ohio 44406 *PK*

Entity's IRS Employer Identification Number: 20-0067139

Description of interest: \_\_\_\_\_

Percent of ownership 100 Time Period 7-16-03 to present

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity's IRS Employer Identification Number: \_\_\_\_\_

Description of interest: \_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity's IRS Employer Identification Number: \_\_\_\_\_

Description of interest: \_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

10. List all other entities which were ever owned or controlled by any parent organization or principals of Respondent, describe the relationship and identify the time period during which the parent or principals held such interest.

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of relationship/interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of relationship/interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of relationship/interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

11. Did Respondent or any other entity on behalf of Respondent file a consolidated tax return at any time after September 26, 1980?

Yes: ☐ No: ☐

Identify all entities and each tax period included in each such return.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

12. Has Respondent along with any other entity allocated or been required to allocate taxable income to the various tax brackets found at 26 USC 11(b)?

Yes: ☐ No: ☐

For each such return, identify the tax period and all entities which were part of the allocation formula.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

13. List all other account numbers under which Respondent makes or has made contributions to the Fund.

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

14. Identify all other entities involved in any merger, consolidation, or reorganization, however affected, with Respondent. Include any division or liquidation into a parent organization.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Date: \_\_/\_\_/\_\_ Type of Event: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Date: \_\_/\_\_/\_\_ Type of Event: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Date: \_\_/\_\_/\_\_ Type of Event: \_\_\_\_\_



15. Since September 26, 1980, has Respondent been subject to any of the following proceedings under the Bankruptcy Code (11 USC 101, et seq.)?

Chapter 7 Liquidation? Yes: ☐ No: ☒

Chapter 9 Adjustment of  
Debts of a Municipality? Yes: ☐ No: ☒

Chapter 11 Reorganization? Yes: ☐ No: ☒

Chapter 13 Adjustment of Debts? Yes: ☐ No: ☒

If you answered "Yes" to any of these questions, attach a copy of the Order for Relief or, if not available, the Petition filed in United States Bankruptcy Court and the confirmed Plan of Reorganization or Repayment.

16. Since September 26, 1980, has Respondent been subject to any dissolution proceedings under state law, assignment for benefit of creditors (i.e. a transfer in trust of all business assets for the benefit of creditors) or bulk transfer (i.e. any transfer in bulk not in the ordinary course of the transferor's business of a major part of materials, supplies, merchandise or other inventory of the business) under applicable state law or appointment of a receiver under state or federal law?

Yes: ☐ No: ☒

If you answered "Yes" to this question, attach a copy of the Articles (or Certificate) of Dissolution, a copy of the written assignment, or the bulk transfer agreement, or the Court order appointing a receiver, whichever is applicable.

17. Has Respondent been automatically dissolved under state law by failure to file required reports?

Yes: ☐ No: ☒

If you answered "Yes" to this question, attach a copy of the notification by the appropriate state agency.

18. Is Respondent part of a group of trades or businesses under common control within the meaning of ERISA Section 4001(b) [29 USC 1301(b)]? In determining whether such a relationship exists, refer to Treasury Regulation Section 1.414(c).

Yes: ☐ No: ☐

If you answered "Yes" to this question, identify the entities which are under common control with Respondent.

Related Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Related Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Related Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

19. List the names and account numbers under which the related entities identified in your answer to Question 18 make or have made contributions to the Fund.

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

- B. IDENTIFICATION OF REPORTING BUSINESS. Complete this section ONLY if Respondent IS NOT the Reporting Business. If Respondent is the Reporting Business, please go directly to Section C on Page 22.

1. What is the full name and address of the Reporting Business?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List any assumed names used by Reporting Business.

\_\_\_\_\_

\_\_\_\_\_

3. What is the IRS Employer Identification Number of the Reporting Business?

\_\_\_\_\_

4. What type of business is the Reporting Business?

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Business Trust
- ☐ Governmental Unit
- ☐ Association
- ☐ Corporation
- ☐ "S" Corporation
- ☐ Limited Liability Corporation
- ☐ Other - Please explain.

\_\_\_\_\_

\_\_\_\_\_

5. If Reporting Business is a sole proprietorship, partnership or limited partnership, list the names and addresses of all of the principals of Reporting Business.

Name: \_\_\_\_\_

Relationship to Reporting Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Reporting Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If Reporting Business is a business trust, list the names and addresses of the trustees for beneficiaries of the Reporting Business.

Name: \_\_\_\_\_

Relationship to Reporting Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Reporting Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If Reporting Business is a corporation, an "S" corporation or a limited liability corporation, complete the following items.

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

State Corporate Identification Number: \_\_\_\_\_

Identify all persons or entities who own or control 5% or more of the voting and/or non-voting shares of stock.

Shareholder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shares Owned/Controlled:	Number	%
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Voting	_____	_____
--------	-------	-------

Non-Voting	_____	_____
------------	-------	-------

Shareholder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shares Owned/Controlled:	Number	%
--------------------------	--------	---

Voting	_____	_____
--------	-------	-------

Non-Voting	_____	_____
------------	-------	-------

Shareholder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shares Owned/Controlled:	Number	%
--------------------------	--------	---

Voting	_____	_____
--------	-------	-------

Non-Voting	_____	_____
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8. Identify all other entities in which Reporting Business ever held an ownership interest, describe the interest and identify the time period during which Reporting Business held such interest.

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

9. List all entities which were ever owned or controlled by any parent organization or principals of Reporting Business, describe the relationship and identify the time period during which the parent or principals held such interest.

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of relationship/interest: \_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of relationship/interest: \_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

Entity's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Description of relationship/interest: \_\_\_\_\_

Percent of ownership: \_\_\_\_ Time Period: \_\_\_\_ to \_\_\_\_

10. Did Reporting Business or any entity on behalf of Reporting Business file a consolidated tax return at any time after September 26, 1980?

Yes: ☐ No: ☐

Identify all entities and each tax period included in each such return.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_



11. Has Reporting Business along with any other entity allocated or been required to allocate taxable income to the various tax brackets found at 26 USC 11(b)?

Yes: ☐ No: ☐

For each such return, identify the tax period and all entities which were part of the allocation formula.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Tax Period: \_\_\_\_\_

12. List all other names and account numbers under which Reporting Business makes or has made contributions to the Fund.

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

13. Identify all other entities involved in any merger, consolidation, or reorganization, however affected, with Reporting Business. Include any division or liquidation into a parent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Relationship to Reporting Business: \_\_\_\_\_

Date: \_\_/\_\_/\_\_ Type of Event: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Relationship to Reporting Business: \_\_\_\_\_

Date: \_\_/\_\_/\_\_ Type of Event: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entity's Employer Identification Number: \_\_\_\_\_

Relationship to Reporting Business: \_\_\_\_\_

Date: \_\_/\_\_/\_\_ Type of Event: \_\_\_\_\_

14. Since September 26, 1980, has Reporting Business been subject to any of the following proceedings under the Bankruptcy Code (11 USC 101, et seq.)?

Chapter 7 Liquidation? Yes: ☐ No: ☐

Chapter 9 Adjustment of  
Debts of Municipality? Yes: ☐ No: ☐

Chapter 11 Reorganization? Yes: ☐ No: ☐

Chapter 13 Adjustment of Debts? Yes: ☐ No: ☐

If you answered "Yes" to any of these questions, attach a copy of the Order for Relief or, if not available, the Petition filed in United States Bankruptcy Court and the confirmed Plan of Reorganization or Repayment.

15. Since September 26, 1980 has Reporting Business been subject to any dissolution proceedings under state law, assignment for benefit of creditors (i.e. a transfer in trust of all business assets for benefit of creditors) or bulk transfer (i.e. any transfer in bulk not in the ordinary course of the transferor's business or a major part of materials, supplies, merchandise or other inventory of the business) under applicable state law or appointment of a receiver under state or federal law?

Yes: ☐ No: ☐

If you answered "Yes" to this question, attach a copy of the Articles (or Certificate) of Dissolution, a copy of the written assignment, or the bulk transfer agreement, or the Court order appointing a receiver, whichever is applicable.

16. Has Reporting Business been automatically dissolved under state law for failure to file required reports?

Yes: ☐ No: ☐

If you answered "Yes" to this question, attach a copy of the notification by the appropriate state agency.

17. Is Reporting Business part of a group of trades or businesses under common control within the meaning of ERISA Section 4001(b) [29 USC 1301(b)]? In determining whether such a relationship exists, refer to Treasury Regulation 1.414(c).

Yes: ☐ No: ☐

If you answered "Yes" to this question, identify the entities which are under common control with the Reporting Business.

Related Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Related Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Related Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

18. List the names and account numbers under which the related entities identified in your answer to Question 17 make or have made contributions to the Fund.

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

C. CAUSE OF CONTRIBUTION CESSATION/DECREASE. Complete this section with respect to the account number(s) listed on the front page of this Statement of Business Affairs.

1. When did Reporting Business stop making contributions to the Fund?

Date: 10/31/06

2. When did Reporting Business cease to be obligated to make contributions to the Fund under its collective bargaining agreement?

Date:   /  /  

3. Check the item or items that best describe why Reporting Business ceased making contributions to the Fund.

- ☐ Employees decertified the union. Please attach a copy of the NLRB order.
- ☐ Union waived representation of employees. Please attach a copy of the waiver.
- ☐ No collective bargaining agreement - only have one employee.
- ☐ Hired permanent replacements.
- ☐ New collective bargaining agreement deleted coverage by Fund.
- ☐ Employees now covered by another pension plan. Please state the name and type of replacement plan.

Name: \_\_\_\_\_

Type: \_\_\_\_\_

- ☐ Rejected collective bargaining agreement in a Chapter 11 bankruptcy. Please identify.

Case No.: \_\_\_\_\_

Case Name: \_\_\_\_\_

Location: \_\_\_\_\_

- ☐ Last covered employee retired. Please explain. Who is doing the work formerly performed by the covered employees?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Hired leased employees to perform the work.

- ☐ Moved the work to a different location. Please identify the new location. Are you obligated to make contributions to the Fund for the work at the new location?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☒ Closed a facility. Please explain.

- ☐ Lost the customer. Please identify customer by name and location.

\_\_\_\_\_  
\_\_\_\_\_

- ☐ Consolidated the work with work done at another facility. Please identify the other facility. Are you obligated to make contributions to the Fund for the work at the other facility?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☒ Other. Please explain.

poor economy  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Completed a construction project. Please explain.

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- ☐ Seasonal business - season over for the year. Please explain.

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- ☐ Liquidation or dissolution of Reporting Business.

Type: \_\_\_\_\_

Entity Liquidated/Dissolved: \_\_\_\_\_

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Liquidation/Dissolution Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Bankruptcy - Please state the type, date, case number, case name and location.

Type: (Ch. 11, Ch. 7, Ch. 13, etc.) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case No.: \_\_\_\_\_

Case Name: \_\_\_\_\_

Location: \_\_\_\_\_

- ☐ Receiver/trustee appointed. Please state the name and address of the receiver/trustee.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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- ☐ Sold stock to new shareholder(s). Attach a copy of the stock sale agreement. Please state the name and address of the new shareholder(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- ☐ Sold operating assets. Attach a copy of the asset sale contract. Please state the name and address of the purchaser. Do the parties to the sale of assets intend to comply with ERISA Section 4204?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ERISA Section 4204? Yes: ☐ No: ☐

- ☐ Sold the business to a related person/entity. Please identify the purchaser and the relationship between the seller and the purchaser.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

- ☐ Employees on strike. Please answer the following questions.

Are the parties at impasse? Yes: ☐ No: ☐

What is the Reporting Business' last proposal to the bargaining unit concerning the continuation of contributions to the Fund?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Is the Reporting Business still performing the work?

Yes: ☐ No: ☒

Is the work being performed by permanent economic replacements?

Yes: ☐ No: ☒

- ☐ Contributions suspended during a labor dispute. Please explain the nature of such dispute. Identify the parties to the dispute and the employment status of the affected employees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did the parties last meet to negotiate a collective bargaining agreement?

\_\_\_/\_\_\_/\_\_\_

When is the next scheduled meeting? \_\_\_/\_\_\_/\_\_\_

What is the status of negotiations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Hired a subcontractor to do the work. Please identify the subcontractor.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship to Reporting Business: \_\_\_\_\_

- ☐ Other. Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. TYPE OF WORK PERFORMED BY THE BARGAINING UNIT. Please limit your responses to the employees for whom Reporting Business made contributions to the Fund.

1. What is the principal product made or service performed by the employees of Reporting Business?

delivering material and equipment to job sites

2. Does such principal product or service involve any building materials (e.g. ready mix concrete, aggregate, etc.)? If yes, what did the employees do with them?

no

3. Did the employees perform any on-site construction work?

no

4. Did the employees operate any construction equipment?

no

5. Did the employees transport construction materials and/or equipment between Reporting Business' place of business and construction jobsites?

yes

6. Specify the proportion of time the employees spent in each of the activities described in your answers to Questions 1 to 5 of this section. Please specify the type of activity, the proportion of time spent in that activity and the basis of your estimate.

#5 100%

7. What proportion of Reporting Business' total income is derived from each of the activities described in your answers to Questions 1 to 5 of this section. Please specify by activity.

0

8. What proportion of Respondent's total income is derived from each of the activities described in your answers to Questions 1 to 5 of this section. Please specify by activity.

0

E. CERTIFICATION OF STATEMENT OF BUSINESS AFFAIRS. By signing this Statement of Business Affairs, I certify that I have the authority to answer this questionnaire on behalf of Respondent, and that the Statement of Business Affairs, with its attachments, were prepared under my supervision after diligent inquiry, and are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: 7/31/07

Printed Name: Douglas A. Slagle

Phone 330-782-8197

Title: president

Address: 31 West Hylde Ave.

Youngstown Ohio 44507

Subscribed and sworn to before me at Youngstown,

State of Ohio, this 31 day of July, 2007.

Notary Public: Elizabeth K. Sitnick

County: MAHoning

My Commission Expires: 9-18-2010

**RECEIVED**

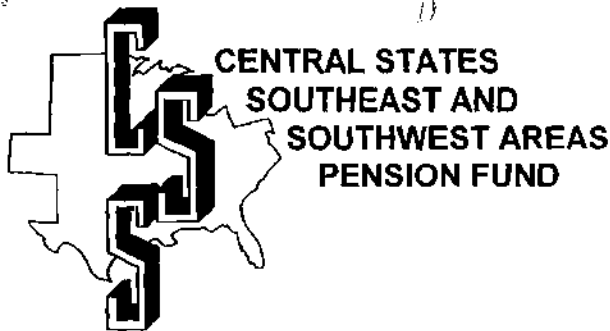
AUG 10 2007

ELIZABETH K. SITNICK, Notary Public  
State of Ohio  
My Commission Expires September 18, 2010

**CONTRACT  
DEPARTMENT**

**Exhibit 1**

# **Exhibit 2**



EMPLOYEE TRUSTEES  
FRED GEGARE  
JERRY YOUNGER  
GEORGE J. WESTLEY  
CHARLES A. WHOBREY

EMPLOYER TRUSTEES  
HOWARD McDOUGALL  
ARTHUR H. BUNTE, JR.  
TOM J. VENTURA  
GARY F. CALDWELL

EXECUTIVE DIRECTOR  
THOMAS C. NYHAN

August 16, 2007

**VIA UPS NEXT DAY DELIVERY**

#1Z 395 1X9 22 1011 0769

Mr. Douglas A. Slagle  
President  
Industrial Roofing Company  
31 West Hylda Ave.  
Youngstown, OH 44507

RE: NOTICE AND DEMAND FOR PAYMENT OF WITHDRAWAL LIABILITY  
INDUSTRIAL ROOFING COMPANY, INC.  
ASSESSMENT NO.: 3993910-WL070155-01  
WITHDRAWN ACCOUNT NO.: 3993910-0109

Dear Mr. Slagle:

This is a demand for payment of withdrawal liability incurred as a result of a permanent cessation of contributions to Central States, Southeast and Southwest Areas Pension Fund (the "Fund") by the above captioned business on behalf of some, or all, of its bargaining unit employees. This demand is made pursuant to Section 4219 of the Employee Retirement Income Security Act of 1974, as amended (29 U.S.C. 1399 (b)), and applies equally to all members of any controlled group of trades or businesses, as defined in Section 414(c) of the Internal Revenue Code, of which the above captioned business is a member.

The total amount of such withdrawal liability is \$29,204.99.

Please make your check payable to Central States Southeast and Southwest Areas Pension Fund (please write the assessment number on your check) and forward it to the address as follows:

CENTRAL STATES WITHDRAWAL LIABILITY  
Department 10291  
Palatine, Illinois 60055-0291

If you would prefer to utilize Electronic Funds Transfer ("Wire Transfer"), the following is the Fund's account information:

Mellon Bank, N.A.  
American Banking Association Number: 043-000-261  
Account No. 093-2289  
Beneficiary: Central States Pension Fund

Mr. Douglas A. Slagle  
August 16, 2007  
Page Two

In light of the shutdown of Industrial Roofing, Inc., the Pension Fund believes that there is substantial likelihood that the employer will be unable to pay its withdrawal liability. Therefore, pursuant to ERISA Section 4219(c)(5)(B) and Appendix E, Section 5(e)(2)(E) of the Pension Plan, the Pension Fund demands immediate payment of the entire amount due.

Enclosed herewith are documents as follows:

1. A copy of the withdrawal liability calculation;
2. A remittance notice to be included with your payment; and
4. A copy of the Fund's procedure governing review of any items relating to the determination and calculation of withdrawal liability, the minimum required payment schedule, and the resolution of disputes regarding withdrawal liability.

Sincerely,



Andrew Sprau  
Department Manager  
Collections

AS:lg-notice and demand letter  
Enclosure

# **Exhibit 3**



Close Window

## Tracking Detail

**Your package has been delivered.**

Tracking Number: 1Z 395 1X9 22 1011 076 9  
Type: Package  
Status: **Delivered**  
Delivered On: 08/20/2007 10:17 A.M.  
Signed By: GRAFFIUS  
Location: FRONT DESK  
Delivered To: YOUNGSTOWN, OH, US  
Shipped/Billed On: 08/16/2007  
Service: NEXT DAY AIR

### Package Progress

Location	Date	Local Time	Description
GIRARD, OH, US	08/20/2007	10:17 A.M.	DELIVERY
GIRARD, OH, US	08/17/2007	10:16 A.M.	THE RECEIVER WAS UNAVAILABLE TO SIGN ON THE 1ST DELIVERY ATTEMPT. A 2ND DELIVERY ATTEMPT WILL BE MADE
	08/17/2007	8:13 A.M.	OUT FOR DELIVERY
	08/17/2007	7:50 A.M.	ARRIVAL SCAN
CLEVELAND, OH, US	08/17/2007	7:02 A.M.	DEPARTURE SCAN
	08/17/2007	6:24 A.M.	DEPARTURE SCAN
	08/17/2007	4:51 A.M.	ARRIVAL SCAN
ROCKFORD, IL, US	08/17/2007	3:02 A.M.	DEPARTURE SCAN
ROCKFORD, IL, US	08/16/2007	11:42 P.M.	ARRIVAL SCAN
NORTHBROOK, IL, US	08/16/2007	9:58 P.M.	DEPARTURE SCAN
	08/16/2007	9:06 P.M.	ORIGIN SCAN
	08/16/2007	6:16 P.M.	PICKUP SCAN
US	08/16/2007	8:00 P.M.	BILLING INFORMATION RECEIVED

Tracking results provided by UPS: 08/21/2007 7:56 A.M. ET

**NOTICE:** UPS authorizes you to use UPS tracking systems solely to track shipments tendered by or for you to UPS for delivery and for no other purpose. Any other use of UPS tracking systems and information is strictly prohibited.